PM FORM 8.5.2 Summary of Medical Care Evaluation Methodology

(See PM ATTACHMENT 8.5.1 for instructions pertaining to form completion)

[NAME OF T/RBHA]

NAME OF FACILITY:			
AHCCCS PROVIDER ID #:			
POPULATIONS: SMI GMH/SA CHILDREN			
LEVEL OF FACILITY: INPATIENT HOSPITAL MENTAL HOSPITAL RTC SUB-ACUTE FACILITY			
MCE STUDY PERIOD: From: To:			
I. TITLE OF STUDY:			
DESCRIPTION OF STUDY:			
. DEFINITION OF VARIABLES:			
IV. RATIONALE 1. Basis of Study:			
2. Significance of Study and References:			
3. Identify the components of quality of care that are assessed by this evaluation:			
☐ accessibility of care ☐ appropriateness of care ☐ continuity of care ☐ effectiveness of care ☐ efficacy of care ☐ efficiency of care ☐ consumer perspective ☐ safety of care environment ☐ timeliness of care			
V. STUDY POPULATION:			

VI. SAMPLING METHODOLOGY AND SAMPLE SIZE:

Last Revision: 10/202005 Effective: 05/01/2006

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Prov	rider/Facility Approved by (Print Name):		Date:
	REMARKS:		
VIII.	ANALYTICAL METHODS:		
VII.	DATA COLLECTION METHODOLOG	iY:	

Last Revision: 10/202005 Effective: 05/01/2006